

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
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24						
25						
26						
27						
28	1					
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44						
45						
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

	IND	DEP	IND	DEP	IND	DEP
51		1				
52						
53						
54	1					
55						
56						
57						
58						
59						
60						
61						
62						
63		2				
64		2				
65		1				
66		1				
67	1					
68		1				
69	1					
70		1				
71	1					
72		1				
73	1					
74		1				
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						